



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101
(619) 531-2250



ENTERTAINMENT PERMIT
SINGLE (ONE-TIME) EVENT

San Diego Municipal Code, Section 33.0101(c), states you must have a valid police permit to operate a business designated as police regulated. **ALL NEW APPLICATIONS MUST BE SUBMITTED IN PERSON. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** You are responsible for being familiar with and complying with the rules and regulations related to Entertainment. Copies of the Entertainment Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2nd Floor, Ph. # (619) 533-4000 or via the City's website: [SDMC Chapter 3, Article 3, Division 15, Division 2 and Divisions 1-5](#).

*******Single Event**-Means any event occurring alone or as part of another business, to which the public is invited or allowed to watch, listen, or participate, or purposes of holding the attention and amusing guests or patrons for the following:

- a) Presentations by single or multiple performers; comedians, musical song or dance acts, plays, concerts, sporting events, carnivals, rodeos, or circus acts.

The granting of a police permit does not relieve the applicant from obtaining all appropriate approvals required by the City of San Diego, or state or federal law. **The granting of a permit does not relieve a permittee from the permittee's obligation to comply with all applicable local, state, and federal laws, including those related to building, zoning, fire, and other public safety regulations.** The granting of a police permit does not vest any development rights in the property or business (SDMC 33.0309). In order to legally operate your business and to establish that your business location is suitable, it is suggested that you first have the following:

FIRE MARSHAL APPROVAL can be obtained from San Diego Fire and Life Services, 1010 Second Avenue (3rd Floor), San Diego, CA 92101 - Phone (619) 533-4400 or www.sannet.gov/fireandems/inspections/index.shtml.

PLEASE PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR THE SINGLE EVENT PERMIT:

- **Police Permit Application** and **Business Addendum**
- **INVESTIGATION FEE** - Cash, cashier's check or money order for a **non-refundable** Investigation Fee of **\$104.00 per applicant**. (Please make, cashier's check, or money order payable to "CITY TREASURER".)
- A copy of your **ALCOHOLIC BEVERAGE CONTROL** license (with copy of conditions) from the State of California Department of Alcoholic Beverage Control, 1350 Front Street (Room 5056), San Diego, CA 92101 - Phone (619) 525-4064. (This license is needed if your event will serve alcohol.) **NOTE: The conditions have to specify that entertainment is allowed.**
- Valid government issued picture ID (driver's license or military ID).
- **BUSINESS TAX CERTIFICATE** can be obtained from the San Diego City Treasurer's Office, 1200 Third Avenue (1st Floor), San Diego, CA 92101 - Phone (619) 615-1500.

PLEASE NOTE:

- **NO PERSONAL OR BUSINESS CHECKS WILL BE ACCEPTED FOR SINGLE OCCASION EVENTS – CASH, CASHIER'S CHECK OR MONEY ORDER ONLY.**
- **SINGLE OCCASION EVENTS - MUST BE SUBMITTED 30 DAYS PRIOR TO THE EVENT.** Any application submitted less than thirty calendar days prior to the single occasion event: (SDMC #33.0302 (C))
 1. May be rejected if the background investigation cannot be completed and will be subject to a penalty fee of an additional 100 percent of the application fee.
 2. Any application submitted within three business days of the event will be automatically rejected.
- A criminal records check will be made on each applicant.
- A 30-day investigation period begins at the time each application is submitted.

SINGLE OCCASION EVENTS PERMIT FEE:

\$379 - PER EVENT - 50 OR MORE PERSONS
\$189 - PER EVENT - 49 PERSONS OR LESS

- **OVERALL EVENT DESCRIPTION/SITE DIAGRAM.**



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING

1400 'E' STREET, MS-735, SAN DIEGO, CA 92101

Telephone No.: (619) 531-2250



APPLICATION

TYPE OF PERMIT: _____

☐ Owner ☐ Employee ☐ Partner ☐ Corporate Officer ☐ LLC

Date of Birth: _____ Driver's License/ID #: _____ State: _____

Applicant's Full Name: _____

Other Names Used: (Maiden, Alias, Etc.) _____ Last First Middle Stage Name: _____

Residence Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Res. Ph. () _____ Bus. Ph. () _____ Cell Ph. () _____ Fax () _____

Internet Web Site Address/Auction Site User Name: _____

Soc. Sec. #: _____ Place of Birth: _____

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Race: _____ Sex: _____

Business Where Applicant Expects to be Employed:

Business Name: _____ D.B.A.: _____

Business Address: _____ City, State, Zip: _____

1. List previous residence addresses for the last five (5) years:

	Complete Addresses last five years	Year Date From	Year Date To
1			
2			
3			
4			
5			

FOR OFFICE USE ONLY

App. Date: _____ Permit Number: _____ Received by: _____ ☐ Live Scan Rec: _____

Records Check: _____
Initials/ID #

☐ RI01 ok or _____

Approving PCCO: _____ Date: _____

2. List previous occupations, places of employment and/or schooling for the last five (5) years.

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. IF NONE, INITIAL HERE: _____

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.				
2.				
3.				

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes () No ()

If yes, please complete below:

	CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.			
2.			
3.			

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

IF NONE, INITIAL HERE: _____

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

APPLICANTS: The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.



Police Permit Application

BUSINESS ADDENDUM

SAN DIEGO POLICE DEPARTMENT

1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101

PLEASE COMPLETE ALL SECTIONS IF APPLICABLE
(TYPE OR PRINT LEGIBLY)



TYPE OF PERMIT: _____ LOCATION: _____

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC

Business Name: _____ D.B.A. _____

Business Address: _____ City & Zip: _____

Mailing Address: _____ City & Zip: _____

Business Tax Certificate # _____

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		
4		

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR:

NAME	RESIDENCE ADDRESS	TITLE
		PRESIDENT
		VICE PRESIDENT
		SECRETARY
		TREASURER

FOR OFFICE USE ONLY

DATE FILED:		
RECEIVED BY:		
DEVELOPMENT SERVICES – ZONING		FIRE & LIFE SAFETY DEPARTMENT
APPROVED BY:		APPROVED BY:
DATE: PHONE:		DATE: PHONE:
APPROVING OFFICER: _____		DATE: _____

IF PARTNERSHIP, LIST NAME AND RESIDENCE ADDRESS OF EACH PARTNER, INCLUDING LIMITED PARTNERS:

NAME	RESIDENCE ADDRESS	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE ☐ OWNED ☐ LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

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I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

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APPLICANT'S SIGNATURE

DATE OF APPLICATION

RESPONSIBLE PERSON COMPLETING APPLICATION IF NOT APPLICANT - PRINT & SIGN

TITLE/POSITION

FORM PER SECTION 23958.4 B&P

CITY OF SAN DIEGO
For Off-Sale, On-Sale Beer, and Public Premises Licenses

1. **PREMISE ADDRESS:**

2. **LICENSE TYPE:**

3. **TYPE OF BUSINESS:**

CRIME REPORTING DISTRICT

NUMBER OF LICENSES ALLOWED

NUMBER EXISTING

DISTRICT AVERAGE

X 120% =

= HIGH CRIME

CRIMES IN THIS REPORTING DISTRICT

If the above premises are located in an area which has an over-concentration of alcoholic beverage licenses and/or a higher than average crime rate as defined in Section 23958.4 of the Business and Professions Code:

4. **WILL PUBLIC CONVENIENCE OR NECESSITY BE SERVED BY
ISSUANCE OF THIS ALCOHOLIC BEVERAGE LICENSE?**

(This section to be completed by SDPD Vice Section)

() YES

() NO

Name of SDPD Vice Officer
(Please print name and title)

Phone Number

Signature of SDPD Vice Officer

Date

Under the penalty of perjury, I declare the information in this affidavit is true to the best of my knowledge. I acknowledge that any false or misleading information will constitute grounds for denial of the application for the license or if the license is issued in reliance on information in this affidavit which is false or misleading, then such information will constitute grounds for revocation of the license issued.

\$228.00 APPLICATION FEE AT TIME OF SUBMISSION

APPLICANT'S SIGNATURE: _____ DATE: _____

(Please Print)

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____